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KOI FISH

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RODNEY

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Man, it sure is hot today. I bet that's going to have my blood pressure high again. Riding my bike in this hot sun always seems to make it high. Doc isn't going to be happy with me today because my sugars have been high, too. I wonder what we'll change with my meds today and if I'll be able to afford them...

"Knock, Knock," (A young girl wearing a white coat walks into the exam room), "How are you this morning, Rodney?"

"I'm fine." *Oh no, not the student again, I know*

she is going to ask me a million questions about my medications and blood sugars. She's nice and all, but I'm just tired today. She doesn't understand that it's a long ride back to the coalition and I have to make it in time for lunch or no food for me today.

"How have things been going since the last time we saw each other?"

"Actually, not that great." *Pretty terrible really. No house, no insulin, no strips. My life is a mess.*

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HEAL is a place for medical students to share their growth and development, for faculty and staff to impart their knowledge gained from experience, and for members of the community to express how health and healing have impacted their lives.

We hope this work increases your appreciation for the art of medicine.

RODNEY (CONTINUED)

“Really? I’m so sorry, tell me about what’s been going on?”

This girl seems like she is interested in what I have to say, but do I really want to tell her my whole sob story this morning? I’m sure she has other patients and doesn’t want to waste her time with me. Maybe if she understood what’s been going on though, she’ll know why my blood sugars have been out of whack.

“Well, I lost my housing a little over a month ago and I don’t really have a place to live right now. I’ve been having to go to the homeless coalition to take showers and stuff.” *Did that sound like I want her pity? I don’t need anyone feeling sorry for me, I just need time to get back on my feet.*

“Oh Rodney, I am so sorry that this has happened to you! How are you coping with the stress this has caused you?”

“Ok, I guess. I mean it’s hard. I’ve never been homeless before.” *And I don’t know how to fix it. I’ve looked all over town for a place to stay, but it’s hard with only a temp job to find a place that will rent to me. How am I going to keep living on the streets? I haven’t had a place to keep my insulin and I don’t even know if I can keep paying for my prescriptions because I need the money for food. This student must think I’m pitiful telling her all this. I’m scared though, I don’t want my diabetes to get out of control. I know this disease can kill me, but I don’t know what I’m going to do.*

“Have you been able to find a safe place to sleep and food to eat?”

“Yes, I’ve been going to the coalition to eat once a day. Sometimes, the line is too long or I don’t make it in time. It’s a long bike ride from where I’ve been sleeping to the coalition. On these days, I can usually use the few dollars I have from odd end jobs that I do to buy me a cheap burger or something, but I know I shouldn’t eat that with my diabetes.” *Here comes the lecture about junk food and diabetes.*

The students always get on my case about it, but they don’t realize that it’s the only food I can afford right now.

“It must be hard to think about eating healthy when you aren’t sure where your next meal is coming from. How have your blood sugars been doing since all this happened?”

“Not so good, I’ve gotten 500s a few times, but I’ve actually had some really low numbers too.” *My sugars have never been that high, even when I got diagnosed a couple years ago they weren’t that high. Who knows what they have been the past few days, but I haven’t had any strips to check. I’ve only had the money to eat one meal a day too, so I know that’s why my sugars have been falling low, especially when I have to ride my bike really far, but what else can I do? I don’t have any extra cash for snacks or the bus right now.*

“Oh you’re right, those numbers aren’t so good. I know that you usually keep them lower. Have you been able to get your medications? I know you have a lot going on right now and traveling to the pharmacy must be hard.”

“I still get the metformin since that one is free, but I haven’t had my insulin because I don’t have a cold place to keep it.” *Yes, it’s a lot. I’m feeling overwhelmed and I don’t know what I’m going to do.* “To be honest with you ma’am, my diabetes has been on the back burner for the last month and a half since I lost my housing.” *Now this young lady thinks I’m making excuses, but it really has been hard and I don’t know what else to do. She’s probably going to tell me, “don’t worry, it will get better,” but I don’t want to hear that right now. I need help, I feel like I’m drowning.*

“Well, again Rodney, I am so sorry to hear that you have been going through this tough time. I want to let you know that doc and I are here for you and we want to help you in any way we can. Yes, we are worried about your diabetes, especially those low numbers you are getting more often, but as you mentioned, you have

RODNEY (CONTINUED)

other things going on right now that are preventing you from being the patient we know you usually are. I want you to know that we are going to help. Let me grab doc so we can talk about resources around this community to help you find a safe place to sleep and store your insulin. We can also see if there are spots open in any of the group homes or shelters around town. Just give us a few minutes and we will make some calls for you ok?"

"Ok," (student leaves the room). *Wow, I wasn't expecting that. Maybe doc won't be so mad at me after all and maybe there will be a bed open for me at the shelter. I didn't know they would help me with my insulin either. This is what I need, just a little help and time to get back on my feet. I know what I need to do to be a good patient and have my blood sugars back to where they should be. It's just tough because life happens and some things we can't control. It's not like I don't care about my diabetes, I know what can happen. I watched my mom end up in a wheelchair with one of her legs amputated due to diabetes. No way am I going to let that happen to me. I just have to get through this rough patch, then I'll be alright. I actually do feel better after telling the student what I've been going through. Now it seems like they understand and want to help me. Today isn't turning out so bad after all.*



**SURVIVE (TOP)
&
CHICK & CHICKEN
(LEFT)**

Raye Ng, Class of 2019



LONE POLE
Shelbi Brown, Class of 2019



HUES OF SUNSHINE
Ashley Kreher, Class of 2019

I had been warned by my grandmother and mother, but I suppose I had never fully understood what the warnings meant, or that one human being could actually be so cruel to another.

BUTCHERED

Jacqueline Sanchez, Class of 2017

I had been warned by my grandmother and mother, but I suppose I had never fully understood what the warnings meant, or that one human being could actually be so cruel to another. It was a rite of passage, they called it. It was part of our religion, they had told me. No man would want to marry me, they said. In a strange way, I had grown to want it done. So when the day came, I decided to be the brave 7-year-old child I knew everyone else wanted me to be.

I waited in the room all day long, the same room my grandfather had died in that summer, until the time came that my mother ushered in four or five older women, and a man. He was intimidatingly large, with a poorly tucked in shirt, sweat trickling down his side burns, and as he came closer, I realized I had seen him before. The man who had trimmed my father's beard so many times, the village barber, was now going to trim me. He now stood at the edge of the bed between my legs. I lie there, exposed in all the glory I had. He took out a pouch, opened it onto the bed, and made his choice: a straight razor.

I held my breath as he made the first cut. I tried desperately to focus on the ceiling, but the stinging of my sliced flesh prevented me. I struggled to escape, but I couldn't move. Two of the women were holding my legs down, and I was being restrained from behind. I frantically searched the room. I couldn't find my mother.

"Mama," I cried out, wondering where she had gone, why she had abandoned me.

"Hold still, my love," she whispered, "it's ok." I quickly realized she was the one whose arms were wrapped tightly around me. My own mother. How could she let this strange man put his hands on me? Did she know what he was going to do?

"Mama," I pleaded. "It hurts, mama!"

"Cut it! Cut it quickly," one of the women yelled.

As the barber got closer, I could smell stale tobacco on his hot breath, see dirt under his fingernails. I cried harder. Periodically he would lift up, and drop a piece of my womanhood on a nearby table. If this is what it took to be a woman, I didn't want to be one anymore. What was wrong with what I had before? What was wrong with what I had been created with?

I could feel the wetness of my blood under my legs, and the tugging of my lips as they sewed them together with wire. After the man was done, the women brought my legs together, and bound them with cloth, so that my footsteps wouldn't be too far apart to rip the stitches. To them, and to my mother, I was now a woman. A 7-year-old woman, ready to be bought for marriage.

I really was a walking shell, a mere womb. They had made me nothing but a hole that defined my worth as a human being. Sanctified and mutilated, I was now worth nothing but the price a man would one day pay to marry my tightened vagina and my virginity, only to have me for his own consumption; for me to bear his children.

When I was 11, I became very ill. It wasn't until I was taken to a doctor that they realized I had been menstruating, but the blood had had nowhere to go. So he cut me open, only to sew me back up to a little less than I had originally been, so that I could properly bleed. It was just enough to make the infections go away.

Now at 32, I live with several constant reminders of how my mother and village took away my womanhood that day. Not only will I never experience sexual pleasure, but I will never experience childbirth, as the infections took that from me. I will also never know what it truly is to feel like a woman.

I was very angry for a long time, but I have since forgiven my mother. She did not know that what she had me endure was not a religious obligation, but a morally corrupt and selfish tradition. Countless generations of women before me were butchered and circumcised, and there have been countless after me. I just hope

these women one day come to forgive their mothers, and protect their own daughters, allowing them to grow up to be the whole women we were prevented from being.

Ending Female Genital Cutting/Mutilation: A Movement

Ashley Kreher

Female Genital Cutting (FGC) or Female Genital Mutilation (FGM) has affected over 20 million women worldwide and it is estimated 30 million girls are currently at risk in the next decade to undergo the procedure. In the United States alone, over 500,000 women and girls are currently at risk due to the practice of sending young females abroad for the procedure, often referred to as “vacation cutting.” This procedure is not deemed a medical procedure and results in life long complications. The practice involves injury to or the partial or total removal of the external female genitalia, and can be classified into 4 types varying in severity. The procedure is linked to socio-cultural practices, hygiene and aesthetic purposes, spiritual influences, and psycho-sexual depression. Even though there are cases where women choose to undergo the procedure, the procedure is mostly exercised on young girls under the age of 15 who are unaware of the procedure and the resulting complications. Early complications include infection, bleeding, urinary retention, and varying degree of musculoskeletal trauma. These complications then magnify as the girls mature to include sexual dysfunction, depression, anxiety, menstrual difficulties, scarring, and pain. In cases where infibulation occurs, even the smallest speculum cannot enter the vaginal canal. Women then have to undergo further procedures (de-infibulation) or cutting to engage in sexual intercourse or childbirth.

This is a human rights violation and as healthcare professionals we need to educate ourselves on the procedure and the resulting health risks in order to give our patients the best care possible. Screening begins in the office; by addressing the procedure and asking the necessary questions, further risks and complications, from initial procedure to perinatal care, can be avoided.

For more information: <http://www.equalitynow.org/issues/end-female-genital-mutilation>

Citations:

Mishori, Ranit MD, MHS, FAAFP. “The ABC’s of Female Genital Cutting/Mutilation: What Clinicians Need to Know.” AAFP Global Health Workshop 2016, American Academy of Family Physicians, 8 Sept. 2016, Hyatt Regency Atlanta, Atlanta, GA. Conference Address.

“What is FGM?” Equality Now. 2 Oct. 2016, http://www.equalitynow.org/what_is_FGM.



QUECHUA WOMEN (ABOVE) & ALPACA TEXTILES (BELOW)
Andrew Michael Kropp, Class of 2019



SINK OR SWIM

Stacy Ranson, Class of 2017

I stare out the window at the pool in the backyard of our Florida home. Another hot, stagnant day is trudging along. My days repeat. I wish I was working. My right shoulder forced me into retirement. Swinging a hammer for 40 years takes a toll. My wife awakens me from my daze and asks if I'll run to the pharmacy and pick up my mother-in-law's prescriptions. She's been staying with us for the last 8 months. It's been 10 since I retired from the carpentry business I owned in Maryland. My father, too, was a carpenter. As a child, I worked with him. We would build anything and everything—from cabinets to tables. I found solace in hard work. At the end of each day, I'd be exhausted. A good night's rest came easily. Stress and nervousness, for the most part, was fleeting. That all changed when I traded my hammer in for a fishing pole at my wife's insistence to retire in Florida.

Now my life feels monotonous and meaningless. Each day seems much like the last, with the important exception that the panic attacks are becoming more frequent and intolerable. I've dealt with this before. As a newlywed in my early twenties, I found myself spiraling out of control. Trying to meet the demands of my new wife and beginning a family was an upheaval of my previous routine. The stress and angst lapped at my neck, often rising higher, overtaking my ability to breathe. It finally passed after a year. Now, I fear this time it won't.

As I grab my keys, thankful for a task, I see the reminder on the refrigerator. I have a doctor's appointment tomorrow morning. I've been dreading it for 3 months, since my last visit. I was told to have labs done. I haven't. I'm worried what they could show. My cholesterol is usually high. I wish I could cancel, but I desperately need a refill on my anxiety medication. I ran out 3 days ago. The

panic attacks are becoming more insufferable.

That night, like most nights, the battle ensues. The fear of not being able to fall asleep begins early in the evening. By the time my wife is in bed, I know I should start the ritual of trying to make myself go to sleep. The mere act of undressing begins the cascade. My mind races with frantic thoughts of what my appointment will bring tomorrow. What should I say about the absent lab work? I'm sure my blood pressure will be high. I just have to get in and get out with my prescriptions. In and out. The red analog clock on my night stand reads ten-thirty...midnight...1 am.

I wake at 5:30. I may have gotten four hours. I shower and dress. I make coffee and try to read the newspaper. My stress is building. I get into the car and the angst begins rolling into an excruciatingly loud crescendo in my mind. The traffic and red lights are sending me over the edge. I can tell my blood pressure is high. My heart rate quickens. I feel my chest rising and falling faster than it should. I pull into the parking lot and try to cool down.

I walk to the front desk and sign in. I sit, fidgeting in the cold waiting area. My stomach lurches when the nurse calls my name. She politely greets me and seats me in the exam room. I try desperately to take slow measured breaths, willing my pulse to slow as the blood pressure cuff tightens around my left arm. She tells me it's a bit high. Of course it is. She asks if anything has changed since my last visit. "No," I tell her. And that's the problem. "Did you get your lab work done?" she asks. I lie and tell her I didn't know I had any to complete. She leaves the room. My doctor is going to rebuke me for the absence of labs. I hear a knock at the door. I try desperately to still my nerves.

She asks how I am doing. "I'm alright."

I assume she'll brush past the unenthusiastic response and start asking about the blood pressure readings I'm supposed to check at home, but she doesn't.

SINK OR SWIM (CONTINUED)

It's not my doctor. A young woman with brown hair and matching horn-rimmed glasses greets me with a smile. She tells me she is a medical student and would like to interview me before my doctor. I agree. She asks how I am doing. "I'm alright." I assume she'll brush past the unenthusiastic response and start asking about the blood pressure readings I'm supposed to check at home, but she doesn't.

She returns my response with a thoughtful look, and a query to tell her more. I hesitate, debating on how much to divulge. I relent. I explain the attacks that come daily now. How they rise and escalate and soon I'm in over my head. I relay to her the fight it was this morning, just driving to the appointment. She listens carefully. Not taking notes, not looking into the computer screen, but giving me full attention. I tell her I'm out of my anxiety medicine and she asks if they've been helping, if I'm improving. I concede that it seems I'm getting worse.

She asks if I'd be willing to try a daily medicine, that could, over time, help bring the sea of anxiety from the level of my neck, down to my waist and maybe further—like equipping me with a

life jacket instead of rescuing me at the point of nearly drowning. I wonder about this. It's something different. I fear potential side effects. She tells me this medication would modulate the chemicals in my brain, to help prevent my nervousness from building, to help prevent the attacks instead of treating them after they've already begun. This actually makes perfect sense to me. She continues to tell me the most effective means of treatment is a combination of therapy and medicine. I'm not a guy to go to counseling; I politely decline the offer.

Oddly, having just disclosed my embarrassing struggle to a complete stranger, I feel immensely better. Soon, my regular physician and the student return. He agrees with the thought to try a different means of confronting my problem. He still criticizes me for not having completed the lab work, but tackling the underlying issue brings me a new sense of peace. Somehow, now, I feel a new leaf is about to be turned. I schedule another appointment on my way out for 1 month from now. I feel encouraged that next time, I'll be better and prepared, with lab work completed. Maybe then, I'll finally be beginning to enjoy the swim.



SEARCHING FOR GOLD

Andrew Michael Kropp, Class of 2019

FSU FMIG FIRST ANNUAL TAR WARS & READY, SET, FIT! POSTER CONTESTS

Meghan Novotny & Ashley Kreher, Class of 2019

The Family Medicine Interest Group (FMIG) at the Florida State University College of Medicine (FSU COM) has been working all year to promote healthy living at local elementary schools. FSU students presented two of the American Association of Family Physicians (AAFP) community-based education programs—*Tar Wars* and *Ready, Set, Fit!*—to elementary school students across the Tallahassee area, promoting tobacco-free and well balanced lifestyles to hundreds of students. *Tar Wars* is an AAFP endorsed program of interactive presentations geared toward 3rd, 4th and 5th grade students to educate them about being tobacco-free, and provides them with tools to make good decisions about their health and well-being. *Ready, Set, Fit!* is a program designed to educate and motivate younger students in three key areas of health: emotional well-being, fitness, and nutrition. This program is endorsed by the National School Board Association. The program engages 3rd, 4th, and 5th grade students in activities and discussion to make them aware of what they can do now to positively affect their health and fitness.

The FMIG Community Educators, Ashley Kreher and Meghan Novotny, offered students that participated in the *Tar Wars* and



MADELINE JOHNSON

Best Overall Award, 2016 *Tar Wars* Poster Contest

Ready, Set, Fit! programs an opportunity to creatively display the knowledge they gained from the presentations through a poster contest sponsored by FSU COM. This is the first time such a contest has been held at FSU COM, and much to everyone's excitement, 272 posters were received. Students from the main campus and across the state, as well as faculty and staff, all had the opportunity to vote in person and online for their favorite posters based on message and creativity. The top three winners from each program were then invited, along with their families and representatives from their elementary schools, to attend an award ceremony at the Florida State University College of Medicine. The winning students received award certificates and had the opportunity to converse with medical students, some of whom volunteered in helping present these programs.

Educating the community's youth remains of chief importance to FSU COM's FMIG, and they hope to continue presenting *Tar Wars* and *Ready, Set, Fit!* programs, and to hold poster contests to teach and engage as many students in Tallahassee as possible. Healthy habits begin in childhood, and FSU COM's FMIG wants to do their part to create a healthier, happier Florida.



BRIANNA MARTIN

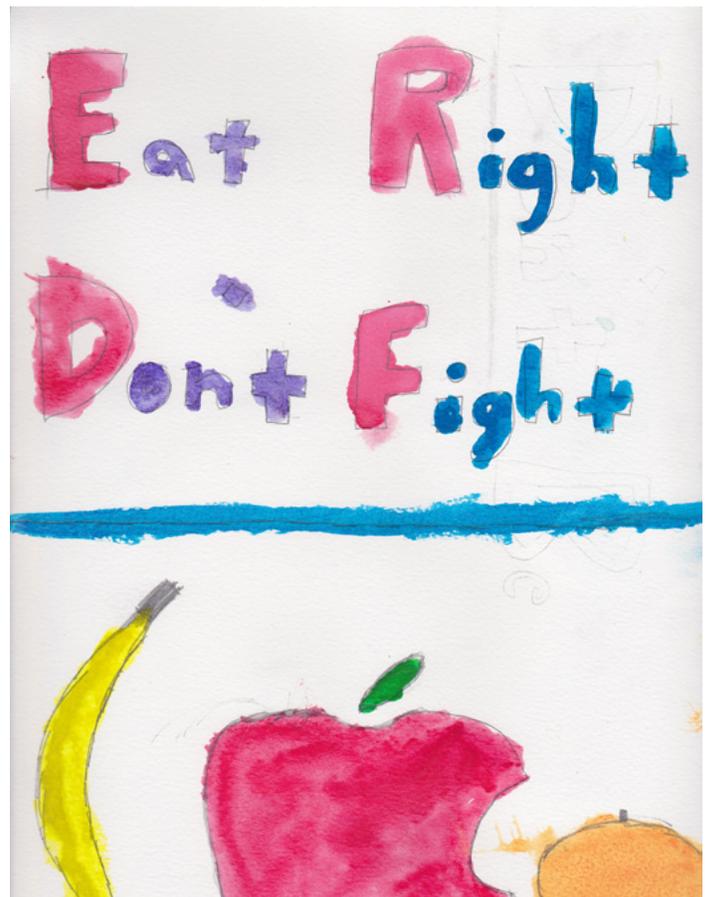
Breath of Fresh Air Award, 2016 *Tar Wars* Poster Contest

FORESIGHT 30/30

Ashley Kreher, Class of 2019

Thirty sets of eyes, 30 smiles, and 30 inquisitive minds met mine one brisk January morning. As I, a medical student, and three of my peers looked out from the front of the classroom to teach these 30 excited third grade students about the dangers of tobacco, little did I know that they would be teaching me instead. I didn't know what to expect my first day, but like any other encounter I kept my mind open. Some had answers for every question we asked, some had to be encouraged or offered the opportunity to say their opinion, while others opened their minds to ask some of the hardest questions, questions that, at times, left me thinking. It wasn't until my last day at Gilchrist Elementary that I realized that every time I opened the front doors of the school I was meeting my future patients. I wasn't taking their histories, or listening to their hearts, I was instead exercising the art of medicine which is found in humanism. I listened, I explained, I answered questions, and I taught. Not every word or slide met every child's mind like a switch turning on a light bulb. Instead, questions offered clarity and confusion was met with explanation. Some listened, others wanted to see and some wanted to undergo an experience. Comments such as: "My parents smoke even though I ask them to stop, what should I do?" "My dad is in the hospital because he smokes," and "What can I do so I don't get sick from my parents' cigarette smoke?" still resonate with me today, much like the first time I smelled that searing cloud that came from my own uncle's lips after he puffed on that thin Marlboro stick.

Like each of these students, not every patient will understand why you are offering them information or what you are trying to say, but as a physician we have the responsibility to pave a path that allows them to make the choice about what direction they want to take. Every patient that you encounter will be different; they may superficially appear similar, but upon a closer look, each has characteristics all their own. While I provided the message that smoking is dangerous, and that it damages your body and wallet, I knew that not every child who left that room wouldn't touch a cigarette in the future, even though I hoped against it. As doctors and educators we are responsible for supplying the tools for our patients to live the healthiest lives that they are capable of. Not every patient will take your advice to heart, nor will they care for what you have to say, but in the end there are patients who will. When we departed from Gilchrist, I realized that not all 30 of those eyes will see the importance, not all 30 of those smiles will remain after we leave, and not all 30 of those minds will remain steadfast against tobacco. I do know that if even one of those minds felt something after our presentation or held on



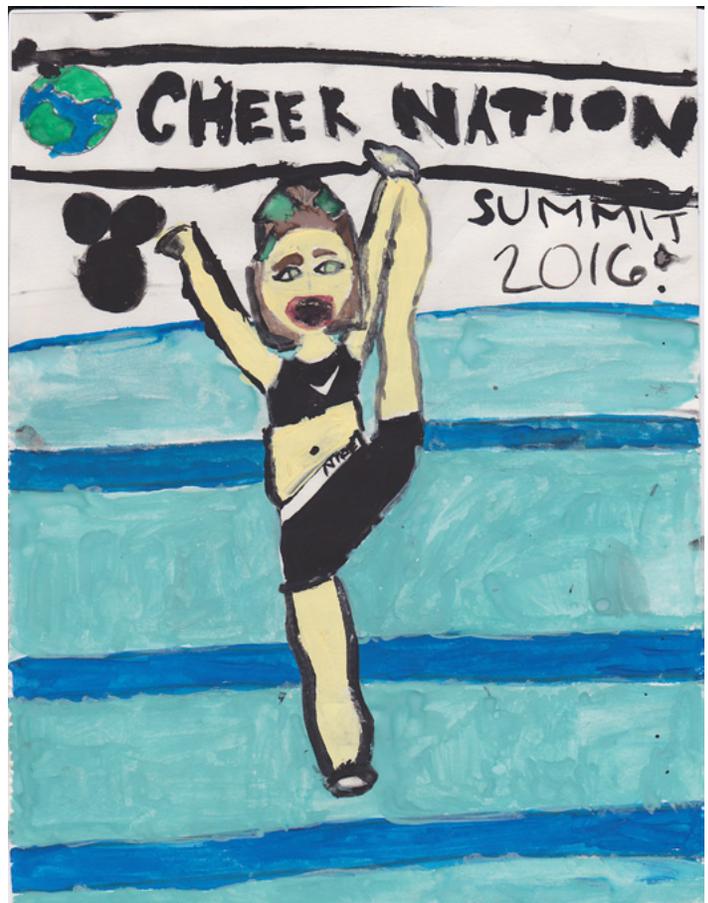
DANNY ALEX

Step in the Right Direction Award,
2016 *Ready Set Fit!* Poster Contest

FORESIGHT 30/30 (CONTINUED)

to something that they will carry through their years, our mission was met. That each and every day the words that you say and the actions you display impact every life around you. That taking the time to offer your knowledge can and will make a difference. It may not be immediate and frustration is inevitable, but in the end it is not about you, it is about your patients. Medicine, no matter the specialty, is a lifestyle centered on each and every life that graces ours, the hands we'll hold during trying times, the experiences we'll share and the relationships we'll build with our patients who will eventually become our family.

At the end of my time at Gilchrist, I, along with my colleagues, saw almost 300 students and presented our programs to 10 classes. The week after our last presentation, I discovered an envelope in my mailbox. Within that envelope poured a handful of letters, letters from the students that I had the privilege to meet. They were inscribed with statements such as "Thank You" and "You might have inspired me to be a doctor." This experience wasn't just something I thought I needed, but it was something that these students needed as well. It was a glimpse into my future, and gave me the privilege to realize that even though there will be times of frustration, times of resistance, and times when you feel like you are at a standstill, everything that you do and say will matter. That you have the opportunity to influence how a patient thinks, feels, and comprehends. The results may not be immediate, but in the end you'll make a difference.



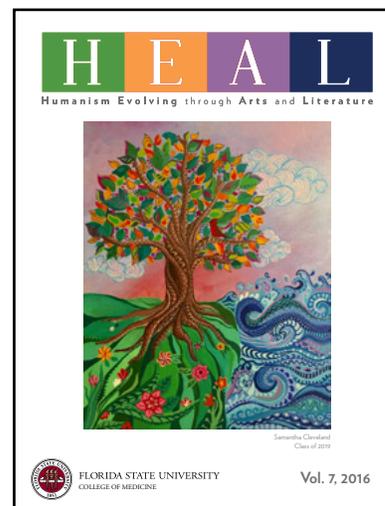
TAYLOR KELLY
Creativity Award, 2016 *Ready Set Fit!* Poster Contest

4TH ANNUAL HEAL COVER ART CONTEST

Runs until November 22nd, 2016

Enter for a chance to have your original artwork selected for the upcoming HEAL Annual Journal cover coming out in Spring 2017! Submit your original artwork or photography by November 22nd, 2016.

For submission guidelines and to enter, visit <http://journals.fcla.edu/heal/announcement>



*Last year's
winning cover
design on
HEAL Vol 7.
Artwork by
Samantha
Cleveland,
Class of 2019*